

FORM A

Agent Name and Code*	Sub Agent Code*	Office use only
DIRECT	DIRECT	Sol Id : _____ Application Receipt Date : _____ Signature of Officer : _____

***In case of direct applications, mention as "Direct"**

APPLICATION FOR OPENING A PUBLIC PROVIDENT FUND ACCOUNT UNDER THE PUBLIC PROVIDENT FUND SCHEME, 1968

To
The Branch Manager
_____ Branch

**Pan No. _____

Paste a Recent Photograph

I, _____ hereby apply for opening an account under the Public Provident Fund Scheme, 1968 in my name/in the name of Kumar/Kumari _____ of whom I am the guardian and tender herewith ₹ _____ (Rupees in words : _____)

Mode of payment (Tick where applicable):

Cash Cheque Pay order/demand draft (If Cheque fill in the following details)

Cheque number : _____ Cheque date : _____

Bank Name : _____ Account no savings/current : _____

Permanent contact details of the subscriber/guardian: (Address where statements are to be delivered)

Address 1		Pin code	
Address 2		Tel No	Std code : _____ No : _____
Address 3		Mobile No	
District	State	Email id	

I agree to abide by the provisions of the public provident fund scheme, 1968 , and amendments issued thereto from time to time.

ACCOUNT IN THE NAME OF SELF/MINOR (S)

Date of birth of minor: Applicant's relationship with minor, if any _____

Declarations:

1. I hereby declare that I am not maintaining any other Public Provident Fund Account
2. I hereby declare that I am not maintaining any other Public Provident Fund Account, except an account on behalf of a minor.
3. I hereby declare that the details of other Public Provident Fund accounts opened earlier by me are as under:-

Sr. No.	Description	Name/Address of the bank /Post Office and PPF account number	Original date of account opening
01.	Self Account		
02.	In the name of minor(s) of whom I am the guardian		

4. I also declare that I shall adhere to the ceiling on deposits as provided by the Central Government from time to time, which is ₹1,00,000/- (Rupees One Lakh only) in a financial year at present together in an individual self account and account(s) on behalf of minor(s) of whom I am the guardian. In case at any time, the said declaration is found untrue /false, no interest shall be payable to me / the subscriber on the amount of deposits found in excess of the prescribed limit

***Tick whatever is applicable :-

Date : _____

(Additional specimen Signature)

Signature or thumb impression of Subscriber / Guardian

** The Subscriber /Applicant who are not assessed to income tax or do not have PAN/GIR No. may furnish attested copy of Ration card or voters identity card or Passport for identification.

For Branch Use

Sol Id : _____ Date of Tender : _____ Date of Clearing : _____

The Account has been opened on _____ with ₹ _____

Under Public Provident fund account no : _____ Cust ID of Subscriber : _____

Challan Number : _____

Date : _____

Signature of Manager